

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
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TOTAL IND.	18	↓		↓		↓		
TOTAL DEP.	3	←		←		←		
TOTAL CLAIMS	21							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy